

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

CAUG20 #11:57 CITY CLERK

DISCLOSURE OF FINANCIAL INTERESTS
PUBLIC DISCLOSURE FORM

| FOR CALENDAR YEAR | <u>2010</u>) | |
|-------------------|---------------|--|
|-------------------|---------------|--|

(PRINT OR TYPE CLEARLY)

| NAME JENNIFER WALTER POSITION/ELECTIVE OFFICE PEPOTY DIRECTOR |
|--|
| DEPARTMENT/AGENCY DEPARTMENT OF EMERGENCY MANAGEMENT |
| NAME OF SPOUSE LITCLIAN BRYSACZ JR. |
| Check the appropriate box and fill in any applicable dates: |
| ensor are appropriate box and in in any approache dates. |
| INITIAL STATEMENT: Date on which you assumed office or began employment in this position \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year. |
| LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year. |
| CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement. |
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| VERIFICATION |
| I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct. |
| Date August 13 , 20 19 Signature |

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000 B. \$1,000 - \$9,999

E. \$50,000 - \$99,999

i. \$300,000 - \$399,999

M. \$700,000 - \$799,999

F. \$100,000 - \$149,999

J. \$400,000 - \$499,999 K. \$500,000 - \$599,999 N. \$800,000 - \$899,999

C. \$10,000 - \$24,999 D. \$25,000 - \$49,999

G. \$150,000 - \$199,999

O. \$900,000 - \$999,999 P. At least \$1,000,000

H. \$200,000 - \$299,999

L. \$600.000 - \$699.999

INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from 1. any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None

Additional sheets attached

| Recipient | Employer/Source | Position/Service Rendered | When | Annual Income |
|-----------------------|---|---|----------------|---------------|
| F State of Hallowin 1 | | Preparedness Broch Chuf | 1/1/19-8/10/19 | |
| SP | State of Halicii; O.S. Dept. of Defense | Preparedness Broch Chut Army Lt. Col | 1/1/19-8/10/19 | G |
| | | | | |
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| installment trai | Do not report any debt nsactions for the purchas n as a home mortgage or | se of consumer goods, | whatever the amount. | at arise out of retail Do report a secured |
|-------------------------------------|--|--|---|---|
| · | Additional sheets attached | | | |
| Person(s) Incurring Debt | Creditor | Original Loan A | Amount Amou | int Outstanding |
| beneficial inte incorporated, re | OR INTERESTS IN rests having a value of egulated, or licensed to cancial institutions, mutua | BUSINESSES IN T \$5,000 or more or equarry on business in Haw | HE STATE. Only re al to 10% or more of ow aii. Do not report accour | port ownerships or nership of businesses |
| trust, if the fund | d or trust is disclosed un Additional sheets attach | | | • |
| Owner(s) | Business Name and Address | Nature of Business | Percentage of Interest | Value of Interest |
| | | | | |

| 4. | busines | ses incorpora | ini 2818 i ated, regulated, litional sheets a | or licensed to | Only repeating on busi | ort trai | rs of d lawaii du | wnerships ring this p | or interests in ast year. |
|-----------|-------------|----------------|---|-----------------------------|--|------------|----------------------|--------------------------|--|
| | Owne | ership or Inte | rest | Date of Tra | nsfer | · · · | | | |
| 5. | positions | as ilusiee ! | n any business | s or organizatio | n. Whether d | or not on | erated for | r nrofit Fil | directorships, or duciary positions |
| | also illici | ude being a | majority share it corporations. | noider in a sma | all or closely | held corp | poration. | Be sure to | report fiduciary |
| | None | Add | tional sheets a | ittached | | | | | |
| F | Position | Holder | Nam | e & Address of Organizat | | • | Term of | Office | Annual Compensation |
| | | | | | | | | | |
| 6. | _ | | | VENT BUSINE | SS worth \$5 | 5,000 or n | nore. | | |
| | None | Additio | nal sheets atta | | <u>. </u> | | | | |
| | Holder | | Name & A Busi | Address of ness | Nature | of Busin | ess | | Value |
| <u>-</u> | | | | | | | | | |

| 8. REAL PROPERTY OWNED. Only report real property owned. Report the value of the property reasonable manner, such as assessed value. You are not required to report the tax map key number street address for your personal residence or the personal residence of your spouse or depochildren; if you choose not to report the tax map key number and street address, identify instemporary in the last of the property owned. Report the value of the value | | to be dis | | al sheets attached | | | |
|--|-----|--|---|--|---|--|---|
| Owner(s) Tax Map Key Number & Street Address Value Year Obtained Property Transferred in the City and Content of the transferred if the case of a gift). You are not required to report the tax monumber and street address for your personal residence or the personal residence of your spondependent children; if you choose not to report the tax map key number and street address, instead as "personal residence." Additional sheets attached | | Represent | ative | Client | City Ag | gency | Nature of Representation |
| Owner(s) Tax Map Key Number & Street Address Value Year Obtained To Record Resident Personal residence of the trans even if it is less than the value (as in the case of a gift). You are not required to report the tax mumber and street address for your personal residence or the personal residence of your spon dependent children; if you choose not to report the tax map key number and street address, instead as "personal residence." | | | | | | | • |
| Owner(s) Tax Map Key Number & Street Address Value Year Obtained Research Researc | 8. | REAL P reasonal street ac children; "persona | ROPERTY OWN ble manner, such ddress for your if you choose r al residence." | IED. Only report real as assessed value, personal residence not to report the tax | al property owned. You are not requior the personal map key numbe | Report the versed to report the residence of and street | value of the property in any he tax map key number and your spouse or dependent address, identify instead as |
| 9. REAL PROPERTY TRANSFERRED. Only report real property transferred in the City and Col Honolulu during the preceding calendar year. For this item, indicate the actual amount of the trans even if it is less than the value (as in the case of a gift). You are not required to report the tax mumber and street address for your personal residence or the personal residence of your spo dependent children; if you choose not to report the tax map key number and street address, i instead as "personal residence." Additional sheets attached | _ | None | Addition | al sheets attached | | | |
| 9. REAL PROPERTY TRANSFERRED. Only report real property transferred in the City and Con Honolulu during the preceding calendar year. For this item, indicate the actual amount of the trans even if it is less than the value (as in the case of a gift). You are not required to report the tax m number and street address for your personal residence or the personal residence of your spo dependent children; if you choose not to report the tax map key number and street address, instead as "personal residence." Additional sheets attached | | Owner(s) | Tax Mar | Key Number & Stre | eet Address | Value | Year Obtained |
| instead as "personal residence." Additional sheets attached | 3 7 | | Personal R | isidal | | \$6.25,000 | 2012 |
| Seller/Denos Bury/D | 9. | REAL P Honolulu even if it number depende instead a | ROPERTY TRA during the prece is less than the and street addre nt children; if yo is "personal resid | NSFERRED. Only ding calendar year. value (as in the cases for your person u choose not to reence." | report real proper For this item, indi se of a gift). You a al residence or th port the tax map | y transferred cate the actua ire not require e personal re key number a | in the City and County of all amount of the transaction, d to report the tax map key sidence of your spouse or and street address, identify |
| Seller/Donor Buyer/Donee Date Price Tax Map Key Number & Street Ac | | ☑None | Addition | al sheets attached | | | |
| | s | eller/Donor | Buyer/Donee | Date | Price | Tax Map Ke | y Number & Street Address |
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